



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND DISABILITY SERVICES ADMINISTRATION  
*PO Box 45600 \* Olympia, WA 98504-5600*

November 2, 2009 and December 9, 2010

**PERSONAL SERVICE AND CERTIFIED MAIL**  
**(7007 1490 0003 4301 3604)**

**April 13, 2012**  
**AMENDED**  
**(#7007 1490 0003 4208 0249)**

*Notice dated November 2, 2009 and December 9, 2010 amended for final order*

Teresa Larsen  
Vinyard Haven AFH  
PO Box 645  
Custer, Washington 98240

License #750840

**IMPOSITION OF CIVIL FINES**

Dear Ms. Larsen:

This letter constitutes formal notice of imposition of civil fines of the adult family home license for your adult family home, also known as Vinyard Haven Adult Family Home, located at **8285 Custer School Road, Custer, Washington**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted in Revised Code of Washington (RCW) 70.128.160, chapter 43.20A RCW and Washington Administrative Code (WAC) 388-76-10940.

The imposition of civil fines effective March 29, 2012, to your adult family home license are based on the following violations of the RCW and WAC found by the department at your home. These deficiencies are more fully described in the enclosed Statement of Deficiencies report completed on October 9, 2009 that is incorporated into this action by reference. Based on the inspection findings, the department has determined that you displayed an inability to care for residents consistent with:

**WAC 388-76-10650 (1)(2) Medical devices.**

**The provider failed to ensure one resident was assessed for the need and safe use of a bed rail. This placed the resident at risk of injury and resulted in the resident becoming entrapped in the siderail when he slipped out of bed.**

**WAC 388-76-10670 (1)(2)(3)(4) Prevention of abuse.**

**The provider failed to ensure one resident was free from sexual abuse and another resident was free of verbal abuse by one staff. This failure placed all residents at risk of continued abuse.**

**WAC 388-76-10673 (1)(a)(b)(2)(a)(b) Abuse and neglect reporting-Mandated reporting to department-Required.**

**\$1,000.00**

**The provider failed to notify authorities when she found out one staff was verbally abusive to a resident and had a sexual encounter with another resident. This failure placed residents at risk of continued abuse.**

You may contest the imposition of civil fines to your home by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies report must be included with your request. Send your request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$1,000.00** payable to the Department of Social and Health Services. The check should be sent to:

**DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501  
1-800-562-6114**

If payment has not been received within twenty-eight (28) calendar days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) calendar days, the balance due the department will be recovered.

As provided in WAC 388-76-10990, you may question cited deficiencies identified in the Statement of Deficiencies report and/or this enforcement action through the department's informal dispute resolution process. During the informal dispute resolution process you also have the right to present written evidence refuting the deficiencies. To request an informal dispute resolution meeting, send your written request to:

Informal Dispute Resolution Program Manager  
Aging and Disability Services Administration  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax (360) 725-3225

The written request should:

- Identify the specific deficiencies and/or enforcement action(s) that are disputed;
- Explain why you are disputing the citations and/or enforcement action(s);
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice and the Statement of Deficiencies report.

A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

If you have any questions, please contact Roberta Crawford, Field Manager at (360) 651-6872.

Sincerely,

Lori Melchiori, Ph.D.  
Assistant Director  
Residential Care Services

Enclosure

cc: Janice Schurman, Adult Family Home Compliance Specialist  
Field Manager, Region 3 Unit B  
RCS Regional Administrator, Region 3  
HCS Regional Administrator, Region 3  
DDD Regional Administrator, Region 3  
Joanna Giles, Assistant Attorney General  
LTC Ombudsman  
Area Agency on Aging, AAA- NW  
Sandra Daniel, Contracts  
Larry Yokoyama, Medicaid Fraud Control Unit  
John Ficker, HCS